MEMBER
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MAGAZINE GROUP

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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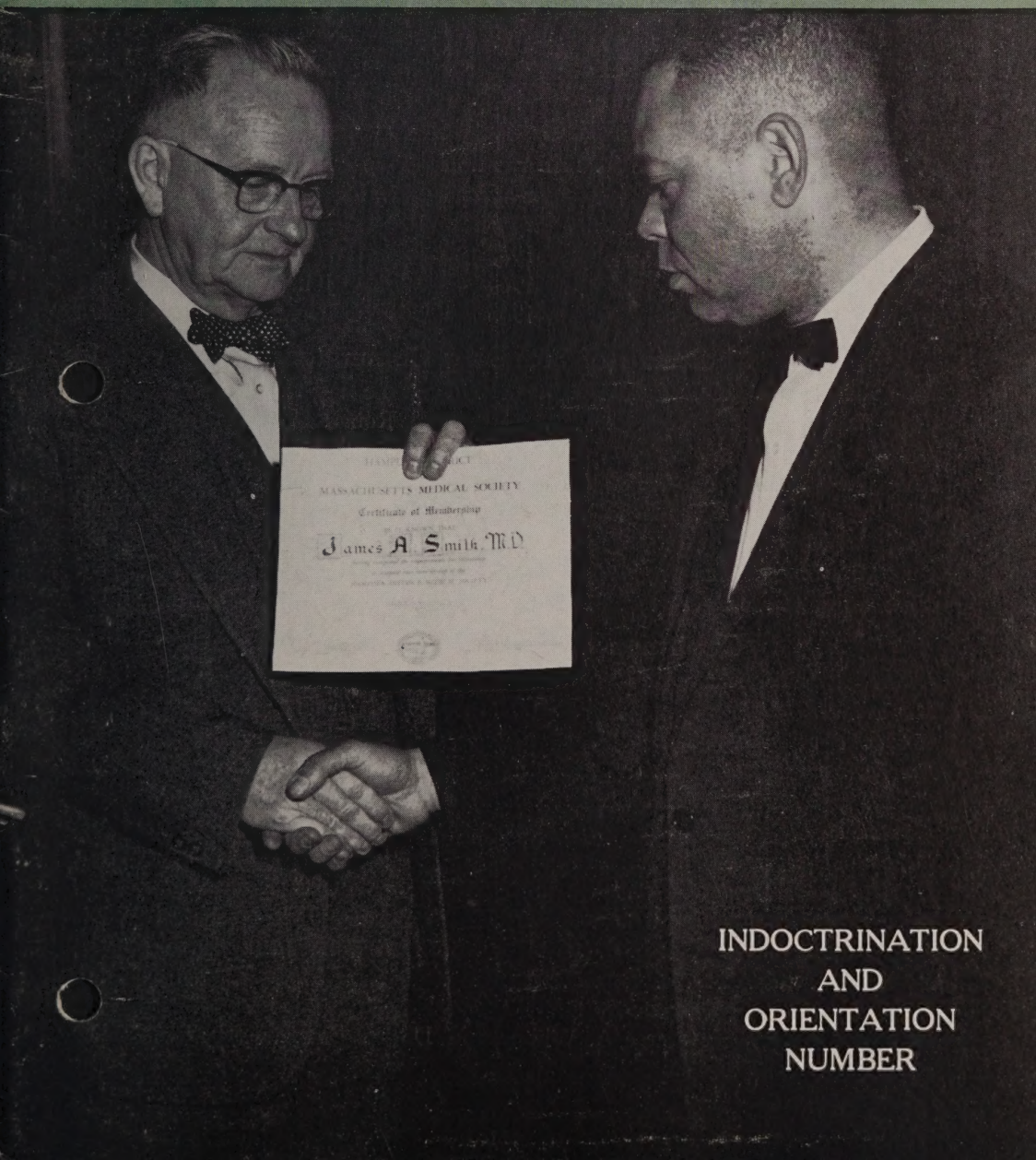

INDOCTRINATION AND ORIENTATION NUMBER

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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GUEST EDITORIAL

THE COMPLEAT PHYSICIAN

by

Samuel E. Potsubay, M.D., Supervising Censor, and
Chairman, Indoctrination and Orientation Committee, H. D. M. S.

Whether we appreciate it or not, we, physicians, are held in an aura of respect and esteem enjoyed by no others but men of the cloth. Our patients and their families entrust to us their most valued possession — their health. This places upon us a responsibility, the degree of which is dependent upon the severity of the illness. Moreover, if the illness is destined to be fatal, we must provide not only comfort for the patient but also assurance that he and his doctor are fighting the illness together. And finally when the end approaches, we must help him find the courage to face the end with dignity and serenity.

Fortunately we are in a position today of having much to offer to the sick. This, however, is true only if we manage to keep abreast of the tumultuous advances in medicine. This is a prodigious task since more scientific knowledge has accumulated in the past twenty-five years than in the preceding twenty-five hundred years of medical history. Lest we be overwhelmed

by the enormity of the task, we must develop proficiency in the segments of medicine best suited to our skills, and be willing to seek help and consultation in less familiar areas.

Nor can we merely rest on the laurels of being members of a dignified, responsible and scientific profession. We are now faced with the spectre of political threats to our profession and to the health of the public. We must now find time to concern ourselves with our public image and with the discipline of our colleagues who on occasion act to the detriment of our profession. We must also play a more active role in the integral workings of our professional organization, which can be only as strong as the vigor lent it by each and every one of its members. Any organization composed of a handful of workers and a multitude of drones is doomed to failure.

Accordingly each of us must participate to the utmost in district medical activities in order to provide maximum impact. We must never doubt the cumulative effect of concerted effort at this level. For just as enthusiasm at the "grass roots" level has its impact in the highest circles of our democracy, so will "grass roots" enthusiasm at the district level have its impact on our medical organization at a time when it needs all the vigor it can muster.

And now a special word of welcome and of challenge to our younger colleagues who have recently joined our society. We are honored by your decision to share association with us and to add your qualifications to the medical talent of our organization. We have faith that our community will be fortunate in counting you among its more active citizens. You represent youth and vigor in medicine and we look to you for new contributions to our profession with its aim of dedicated service to local medical needs.

In affiliating with our organization, you are voluntarily accepting certain responsibilities. These include maintenance of personal integrity, adherence to the principles of our Society's code of ethics and advancement of the high ideals of our medical profession. But along with these responsibilities come rewards. These take the form of personal satisfaction in being members of an honorable profession dedicated to the well-being of our fellow-man. Such are the challenges to, and the rewards in store for 'the compleat physician'.

On May 28 our annual indoctrination dinner-meeting will take place. It is sincerely hoped that each and every one of our new members will see fit to attend. Most of all it is hoped that they will do so not because such attendance is mandatory, but because of a sincere desire to learn more about the purposes, structure, and mechanics of organized medicine.

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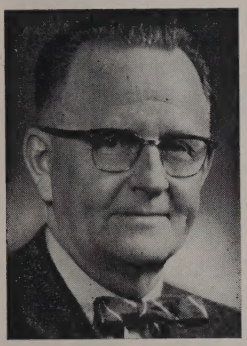
President's Page



THE MEANING OF INDOCTRINATION

According to Webster to "indoctrinate" means to "teach". As applied to organized medicine, however, it means to teach the medical facts of life to those who are about to join our Society.

Medical school curricula and residency programs offer superb training in scientific and clinical medicine, but hardly any training at all in the ethics and socio-economics of our profession. To orient the young doctor in these principles, therefore, becomes the responsibility of the medical Societies which he joins. It is up to these Societies also to acquaint him with their structure and mechanics; to familiarize him with the codes of ethics which govern our profession; and to apprise him of the many health facilities available to the public today.

Indoctrination, like all other forms of medical education, should be a continuing process. What we learned yesterday may not meet the exigencies of today. Most pressing at the moment, at least on a local basis, is to indoctrinate ourselves against the gross inaccuracies which manage to creep into the pages of our newspapers from time to time. These inaccuracies are often so flagrant as to cast a sad reflection on those responsible for them. We must indoctrinate ourselves also against those who are anxious to see our unity weakened or destroyed. And finally we must indoctrinate ourselves against disloyalty to our profession and against ever losing interest in organized medicine.

The Hampden District Medical Society annually indoctrinates new members at a meeting to which they are invited to attend. Attendance of 50% of meetings during the first two years of membership is also expected. The purpose is not only educational but also to afford the new member an opportunity to get acquainted, to ask questions, and to participate freely in debate. For it goes without saying that true democracy in medicine is possible only through informed discussion, and through intelligent and concerted action.

Ralph T. Miller, M.D.

ATTENTION OF THE CANDIDATE!

When you are admitted to fellowship in the Massachusetts Medical Society, you will be supplied with its Code of Ethics and with the Principles of Medical Ethics of the American Medical Association, to which you are expected to subscribe. Familiarize yourself with their content. They will assist you in conducting your professional life in a manner befitting an honorable physician.*

The following brief summary will introduce you to these principles:

1. Regard the welfare of your patients as taking precedence over your own comfort or material gain.
2. Your patients should receive at your hands thorough examination, and sympathetic treatment of their ills. Make due allowance for their peculiarities.
3. The seal of secrecy must govern your relations with them. It may be broken only in accordance with the civil law of the Commonwealth or on the direct order of the civil authorities.
4. Their ailments shall not be subject of gossip.
5. Encourage sound medical knowledge as the sine qua non of good care. Distinguish between legitimate medicine and quackery. Have no part or interest in the development or distribution of secret remedies.
6. Call attention to your professional qualifications only by performance of work well done.
7. Do not seek professional advantage at the expense of a fellow practitioner. Honor and courtesy will govern your relations with him.
8. Do not seek to divert another's patient to yourself, either overtly or by innuendo.
9. The practice of fee splitting in any guise whatsoever is forbidden.
10. It is your duty to contribute your time and energy to the Massachusetts Medical Society in order that our body may continue to represent the highest ideals of the medical profession.

Massachusetts Medical Society

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* Recommended readings:

"Medical Ethics" by Allen S. Johnson, M.D., President-Elect
Massachusetts Medical Society,
Hippocrat, December, 1962

Cover: Photograph showing Dr. James A. Smith receiving membership certificate from President Ralph T. Miller.
Presentation was made at the Annual Meeting, April 24, 1962.

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References: (1) Ernst, E. M.: Current Therap. Res. **3**:167, 1961. (2) Starling, R. J.: J.M.A. Georgia **50**:442, 1961. (3) Sprogis, G. R.: Current Therap. Res. **3**:393, 1961. (4) Coffee, H. L.: Clin. Med. **69**:1561, 1962. (5) Mattey, W. E.: Indust. Med. **31**:33, 1962.

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IN MEMORIAM

HARRY S. MUSTARD, JR., M. D.

1913 - 1963

Dr. Harry S. Mustard, Jr., of Longmeadow, died at his home on February 22, 1963.

He was born in Charleston, S. C. on June 10, 1913. After attending Johns Hopkins University, he went on to receive his degree in medicine from Duke University Medical School, Durham, N. C. in 1943. He interned at Union Memorial Hospital, Baltimore, Md. and served residencies at Duke Hospital and Johns Hopkins Hospital.

Dr. Mustard came to Springfield in 1950, entering into the private practice of pediatrics. He served on the staffs of the Springfield Hospital, Wesson Memorial Hospital, and Wesson Maternity Hospital.

Dr. Mustard was a member of the American Medical Association, the Mass. Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine. He also served in the U. S. Medical Corps. during World War II.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

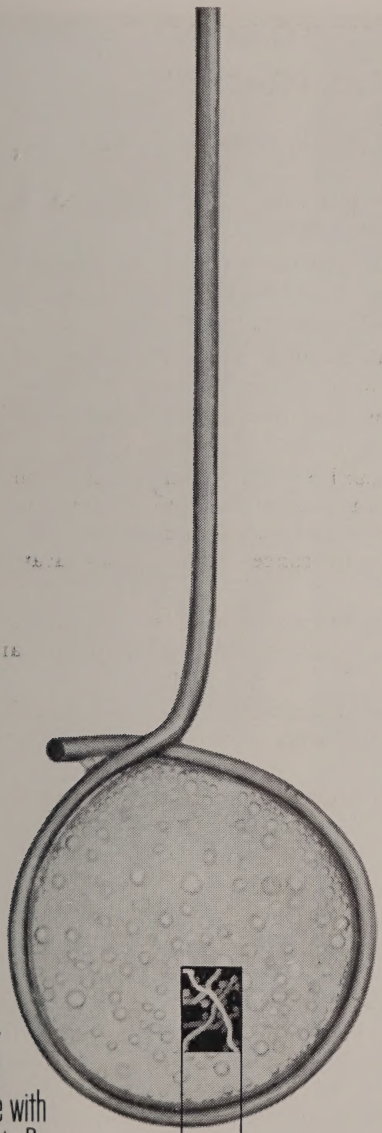
YOUR COMMITTEE OF CHOICE

For the second time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Ray T. Smith, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies to committees appointed by the president.

Martin B. Murray, M.D.
Vice President and President-Elect



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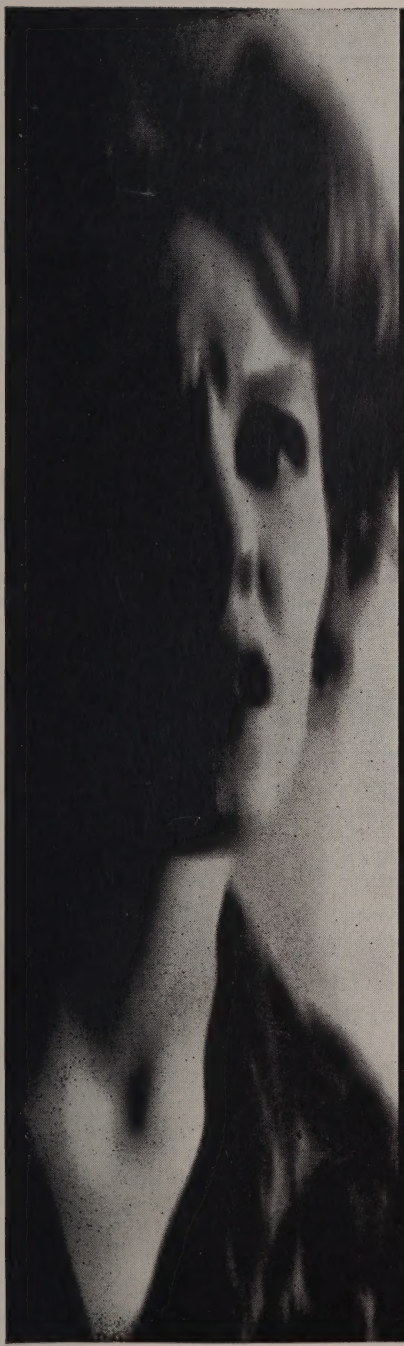
1. Register with City or Town Clerk in community where you are to practice.
2. File for Federal Narcotics License with nearest Office of the Director of Internal Revenue. Fee $1; annual renewal.
3. If you have one or more full or part-time employees, obtain:
    a) Employer's Account Number from the Social Security Administration regional office.
    b) Employer's Account Number from the Mass. Unemployment Compensation Bureau.
    c) Workmen's Compensation Insurance, which may be obtained through any general insurance agent.
4. Arrange for Professional Liability (Malpractice) and Comprehensive Personal and Office Liability Insurance. Develop relations with a professional insurance broker or agent and obtain counsel on your other insurance needs; the building of an insurance estate; fire insurance; loss and employee bond insurance.
5. Establish a bookkeeping system and arrange for the printing of stationery, including letterheads, invoices or statements, appointment cards, patient records, account cards, etc.
6. Arrange for distribution of announcement cards and for a listing in the telephone directory in accordance with Society regulations and custom in the area.
7. Arrange for signs, plaques, and lettering on the doors or entry of your office in keeping with good taste and local practice or in accord with Society-prescribed standards.
8. Check availability of telephone answering service and any approved collection agency.
9. Improve your understanding of the business and public relations aspects of medical practice. Helpful in this respect are some of the booklets named in the Materials List and publications of A. M. A. and the Massachusetts Medical Society.
10. Proceed methodically to develop an understanding of the community where you will practice, and to learn about its medical facilities including hospitals and clinics, other health institutions, nursing services, public and volunteer health agencies and public health authorities, etc.
11. Prepare yourself to take part in the Society's public service activities, including duty in the emergency service program, and to be an active member of one or more of the Society committees. Also, develop the habit of attending the Society meetings and becoming recognized as a participating and sustaining member.
12. Check to see if a zoning permit is needed for your office location.
13. Become acquainted with a medical equipment supply house.
14. Check to see if an excise tax is required.



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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS,
MARCH 19 and APRIL 16, 1963

AMERICAN ACADEMY OF GENERAL PRACTICE, CHICAGO,
MARCH 29 - APRIL 5, 1963

AMERICAN SOCIETY OF INTERNAL MEDICINE, DENVER,
MARCH 29 - 31, 1963

AMERICAN COLLEGE OF PHYSICIANS, DENVER, APRIL 1 - 5, 1963

SPRINGFIELD ACADEMY OF MEDICINE, APRIL 9, 1963

AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGISTS,
NEW YORK, APRIL 21 - 24

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 23, 1963

M. M. S. ANNUAL MEETING, BOSTON, MASS., MAY 21, 22, and 23, 1963

A. M. A. ANNUAL MEETING, ATLANTIC CITY, JUNE 16 - 20, 1963

ATTENTION COMMITTEE CHAIRMEN!
FINAL REMINDER

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be submitted to the Executive Committee and the Hippocrat. The only requirements are: (1) that the report not exceed 300 words (2) that the report reach the Executive Committee and the desk of the Edior-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 23.

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Ray T. Smith, Secretary

YOUR SOCIETIES AT WORK

(Editod's Note: The articles below describe briefly the mechanics of a typical meeting of the three components that go into the making of organized medicine: The Hampden District Medical Society (500 members); the Massachusetts Medical Society (7,900 members); and the American Medical Association (197,000 members).

(1) DISTRICT SOCIETY

The Hampden District Medical Society, like the other nineteen District Societies in the state, is a component of the Massachusetts Medical Society which, in turn, is a component of the American Medical Association. Our District Society has by-laws of its own, but these must never conflict with those of its parent organization, the M. M. S.

Hampden holds three regular meetings annually, usually in the months of September, December and February; and an annual meeting which is held in the spring, "always at least three weeks before the annual meeting of the M.M.S." Special meetings may be called by the president, or by vote of the Executive Committee, or at the written request of twenty-five members.

The Executive Committee, which transacts the Society's business between meetings, is responsible for the programs of the meetings. Years ago most of the programs were devoted largely to clinical and scientific subjects. Today these topics are handled quite satisfactorily by the several hospitals in the area, and by the splendid monthly programs of the Springfield Academy of Medicine.

Because of this, and also because of the ever increasing problems in the fields of medical ethics and socio-economics, the Society several years ago decided to devote its meetings exclusively to these matters. This type of meeting takes even more deliberation, planning, and effort than does the average clinical program. Sitting at Society's headquarters, the Executive Committee selects the time, place, and agenda of the next Society meeting. The nature of the agenda depends on the events of the day and the exigencies of the moment. During the past few years topics such as the King-Anderson bill, Disaster Medical Care, Social Security for Doctors, and Investments for Doctors, have been featured. Committee reports, the transaction of business and other organizational matters are, of course, always in order. Resolutions requiring state wide action are transmitted to the Council of the M. M. S.

Once the Executive Committee has chartered the course of the next meeting our Executive Secretary, Mrs. Purdy, takes over. She is the one who makes the final arrangements, sends out the meeting notices, and receives the dinner reservations. The Hippo-

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crat lends a helping hand by publicizing the meeting as much as possible. It also publishes the highlights of each preceding meeting.

Attendance at our meetings of late has been about 40% of the membership; 100% is our goal. But even now Hampden's attendance rates fairly high compared with other District Societies in the area. Perhaps it is because of the dinner which is served at the expense of the Society. Perhaps it is because of the convivial social hour which precedes the dinner. Most likely, however, it is because of the interest of the membership and because of the attractive programs that our Executive Committee has been able to arrange for us in recent years.

The Annual Meeting is characterized by Committee reports and election of officers. Of the more than thirty officers elected at that meeting, twenty (one for every twenty-five of our members) are Councilors. These go to form the Council of the M. M. S., a typical meeting of which is described below.

(2) THE M.M.S. AND ITS COUNCIL*

Council is the legislative body of the M. M. S. It transacts practically all the business of our State Society. It consists largely of councilors chosen by the district societies; chairmen of standing committees; and officers of the state and district societies. Council holds 3 meetings annually: October, February, and during the annual meeting of the M. M. S.

The above facts are fairly well known to most members, but it is doubtful whether many of us ever stop to consider how much time and effort go into the making of a council meeting. Typical is the meeting of February 7, the preparation for which went somewhat as follows:

1. Reports of chairmen of the several state committees were submitted before the deadline of December 8, 1961. 20 such reports were received by the Secretary of the M.M.S.
2. The collected reports were then published in a 58-page Circular of Advance Information, copies of which were mailed to all the councilors about 6 weeks before the stated Council meeting. (Any member may obtain a copy of the "Circular" on written request to the Secretary of the M.M.S.)
3. Next, the Executive Councilor of each District called a pre-council meeting. In Hampden this meeting was held on January 4, at the Springfield Hospital, with Executive Councilor Dr. Allen Johnson presiding. The purpose of the pre-council meeting is 1) to consider the reports contained in the "Circular"; 2) to afford each District's councilors an opportunity to express their views on matters to come before Council and 3) to assist the Executive Councilor in formulating his own views before attending the state Executive Committee meeting.
4. The Executive Committee, which is composed of the Executive Councilors of the 20 Districts

* Reprinted from Hippocrat, February 1962

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(plus the officers of the M.M.S.), met on January 10, in accordance with its custom of meeting about one month prior to the stated Council meeting. Here, again, every committee report was thoroughly scrutinized and carefully considered. Special attention was paid to reports bearing recommendations. In each instance the Executive Committee after due deliberation approved, disapproved, or offered recommendations of its own.

5. The final pre-council step is to publish the recommendations of the Executive Committee and to furnish each councilor with a copy thereof. This plus a copy of the Advance Circular of Information form the "Agenda" and "work sheets" the councilors are to use throughout the council meeting.

This brings us finally to the Council meeting of February 7, for which all the above preparations were made. Here, with the President of the M.M. S. in the chair, proceedings are conducted in strict compliance with parliamentary rules and democratic principles.

Little time is spent and no action is taken on reports that are purely informational in character. However, reports bearing recommendations are acted upon but only after due deliberation and ample discussion, some of which is quite spirited. Council, needless to say, has the last word, and there is no mistake about it. It may choose to go along with the original recommendations of the various committees, or with those of the Executive Committee, or it may decide to disregard both sets of recommendations and act on its own. All transactions of the meeting are recorded stenographically for publication in the "Proceedings" and these are distributed to the members at a later date.

Conclusion: Much work on the part of many people goes into the making of a typical Council meeting.

Millman

(3) THE A.M.A.'s HOUSE OF DELEGATES

The House of Delegates is the legislative body of the A. M. A. It is composed of delegates elected by the State Socieites, each delegate representing 1,000 members. It is important to note that the representation is on the basis of one per thousand, or fraction thereof, of the members of the State Society who, in addition, are members also of the A. M. A. In other words it is only the members of the A. M. A. that are counted in this representation.

The delegates of the M. M. S. are nominated by its Committee on Nominations which consists of the Nominating Councilors of all the District Societies. The actual election of the delegates takes place at the Annual Meeting of the M. M. S. which this year is scheduled for May 21 - 23.

The M. M. S. now sends 6 dele-

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gates. If all the members of the M. M. S. were members also of the A. M. A. we would have one or two more delegates. In addition to the delegates from each State Society, there are delegates from the U. S. Public Health Service, the Veteran's Administration, from the Sections on Anesthesia, Dermatology, Diseases of the Chest, Experimental Medicine, Gastroenterology and Proctology, General Practice, Military Medicine, and thirteen other specialties. At the meeting in Los Angeles, 212 out of the 218 delegates were in attendance.

Each delegate has an elected alternate so there is very little chance for a State Society to lose representation by absence. The traveling expenses of the delegates from Massachusetts have been paid for many years by the State Society, and in the last few years the expenses of the alternate delegates have also been paid by the State Society. This was instituted to encourage the alternate delegates to go to the meetings and, as one might say, "learn the ropes". A tremendous amount of material has to be read and digested by the delegates before, as well as during, the A. M. A. meeting.

We see, then, that the delegates are duly elected by the State Society on nomination by a Committee comprising the nominating councilors of all the District Societies. We see also that the expenses of our delegates and alternate delegates are paid by the M. M. S. We now come to the meetings of the House of Delegates which take place twice a year, in June and in November. It is at the annual meeting, held in June that officers are elected. The meetings usually last four days during which the agenda is as follows:

First Day

During the first day the reports from all the standing committees, councils, and trustees of the A. M. A. are received, and these are referred to appropriate reference committees. In addition resolutions that are brought by the delegates from their State Societies are presented to the House, and these, too, are referred to the reference committees.

Second Day

On the second day, the reference committees meet, and the material referred to them is then opened for discussion. This is carried out in an orderly manner. An index of the subjects to be discussed by each committee is posted in each committee room and the delegates, as well as other members of the A. M. A., can then go from committee room to committee room to discuss subjects in which they are interested. This discussion is frequently lengthy and always very thorough. Any member of the A. M. A. may appear before the reference committee to debate an issue. When the oratory has been exhausted, the committee retires and prepares a report with its recommendations. This frequently takes them far into the

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Third Day

The House reconvenes on the third morning, at which time the chairmen of the various reference committees present their reports. These reports, which are made on the basis of the evidence presented at the open hearings, are approved, disapproved or amended by the delegates. Thus, you see, each subject is really debated twice.

Fourth Day

The fourth day is used for the purpose of completing any business that might have remained unfinished from the previous day.

The meetings are characterized by competence, sincerity, and by strict adherence to democratic principles. The vote on any issue is practically never 100% for or against it. A good example was the question of social security for physicians. Many delegations, including our own, favored it. The vote, however, was unmistakable: more voted against S. S. than for it.

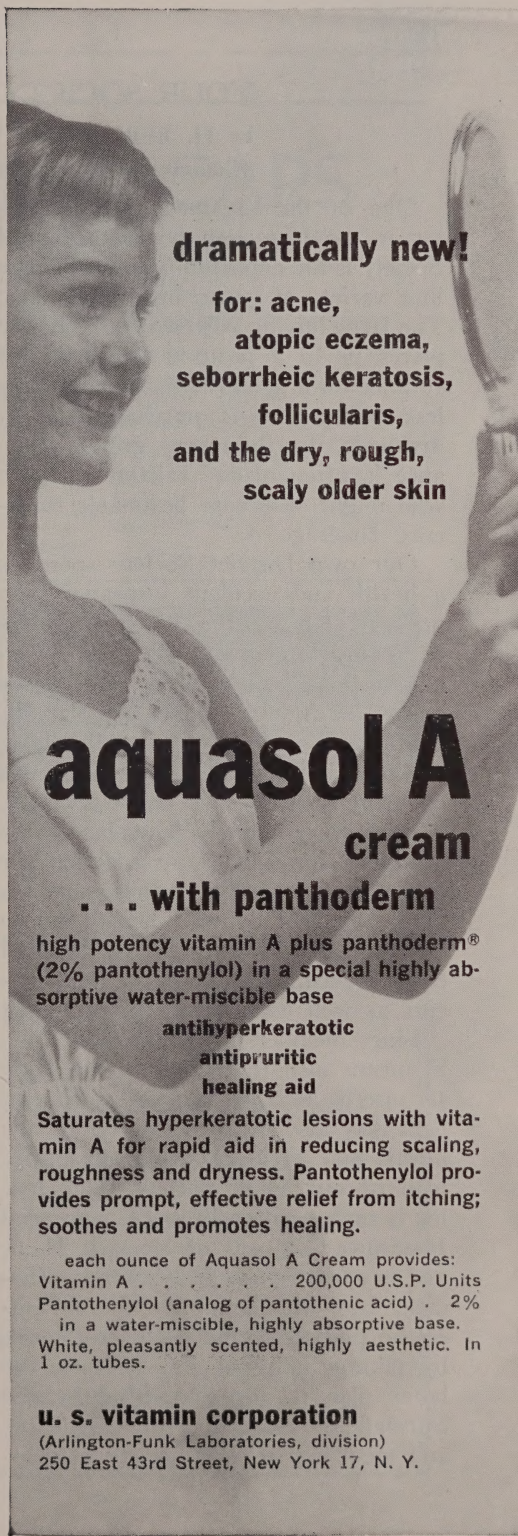
All members of Hampden District are urged to attend at least one meeting of the House of Delegates of the A. M. A. It is reasonable to assume that anyone who has ever attended such a meeting has a much clearer understanding of the structure and function of organized medicine.

Hayes

AS OTHERS SEE US

"An edition of The Hampden Hipprocrat without some contribution by Editor-Emeritus Dr. Edward P. Bagg, would not be complete. The February edition cover carries an 'Equal Justice Under Law' design which has the typical Dr. Bagg touch about it. One might even wonder if some of those figures carried on the architrave over the title were not caricatures of some of his medical brethren."

—Holyoke Transcript Telegram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YOUR SOCIETY AND INSURANCE

by H. BERNARD TILLMAN, M.D., Chairman
Committee on Health and Accident Insurance

One of the advantages of belonging to the Hampden District Medical Society is the opportunity to participate in a variety of group insurance plans. The large buying power of our Society places us in a position to obtain insurance on a group basis that is much less costly than if purchased as individuals. Furthermore, group insurance is often made available to those who might otherwise be unable to secure coverage.

Our own District Society sponsors a health and accident insurance plan underwritten by the Hartford Accident and Indemnity Company and administered by the Lessere-Wertheim Insurance Agency. Like all group insurance, this policy is non-cancellable to the individual unless the insurance company cancels the entire Society, which is very unlikely. The plan covers disability for sickness or accident for the physician, and in addition, has a major medical expense benefit up to $10,000, with provision for hospital costs covering the physician's dependents as well as himself.

Since membership in the H. D. M. S. means also fellowship in the Massachusetts Medical Society, our members may also avail themselves of the health and accident group insurance plan of our State Society. This policy is underwritten by the Commercial Insurance Company of Newark, N. J., and is administered by Lester L. Burdick, Inc. Members may thereby increase their coverage if they so desire by taking both policies. In fact, the latter plan is also sponsored by the Springfield Academy of Medicine, and members of that Society may increase their insurance still further, since duplication of policies is permissible.

Meanwhile, our national Society, the A. M. A., has an additional disability insurance program, which is suitable to supplement present coverage. This plan pays life-time benefits of $125—$1,000 per month. However, since payments do not start until after 365 consecutive days of total disability, this policy should be used to supplement but not replace the basic coverage provided by the District and State Societies.

The Massachusetts Medical Society sponsors also a group program of life insurance with the Paul Revere Life Insurance Company. This policy is term insurance, and may be of interest to the young physician who wishes adequate coverage at very low premiums. The policy may be converted to ordinary life insurance at any time without examination.

Blue Cross and Blue Shield policies on a group basis are also available to fellows of the Massachusetts Medical Society, and many of our members have already taken advantage of this excellent opportunity.

The young physician starting in practice should keep informed of these various opportunities for low-cost insurance protection. Aside from the programs sponsored by our own Societies, there are various other insurance programs sponsored by the various specialty societies. Further information on our own Society programs may be obtained by calling the H. D. M. S. headquarters.

#

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AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 21, 22 and 23. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

WHAT EVERY M. D. SHOULD KNOW

"The shingle at the physician's door invites the sick to enter, and all who respond are his guests." *

The physician is personally responsible for covering his practice, night and day, 365 days of the year.

Coverage during your absence is not the responsibility of emergency wards, emergency medical services, or random physicians—it is always *your* responsibility.

A telephone response of: "The doctor is out of town", or "This is the doctor's day off", or "Doctor does not make night calls", etc. is not enough. It is a dereliction of duty. It should be followed by: "Please call Doctor Blank, who is covering the doctor's practice", or some other appropriate response bearing the assurance of proper and prompt care of the patient.

Avoid having your wife and other members of your family answer your office phone or home extension. If at all possible, join or set up an answering service. Your wife has enough responsibilities without being strapped to your telephone.

"Don't take your aide's (or your wife's) diplomatic acumen for granted. Out of pure but short sighted loyalty to you, she just might be making a miserable mess of your public relations." *

Accept a request for consultation graciously or, better still, anticipate it and suggest it if at all indicated. In so doing you will not lose the patient, but you most certainly will if your actions reveal hurt pride or resentment.

Don't set up an "iron curtain" for patients with complaints as to fees or services rendered. A frequent complaint of the patient is: "I can't get past the girl in the office." This technique keeps your Grievance Committee busy.

Articles in the news telling of the wonders of modern medicine and what a great job the medical Society is doing, sound very hollow to Mrs. Jones, her friends, and all her relatives, if she can't get courteous medical care when she requires it.

We loudly proclaim to the public that the American system of medicine is providing quality care . . . we must continue proving it at the grass roots level.

Lest anyone feel that the above is elementary and trite, it should be stressed that each example cited was the basis of a complaint before your Grievance Committee during the current year.

H. N. Memery, M.D., Chairman
Public Relations Committee

* Young, N. J.: How Well Does Your Aide Represent You?. Medical Economics (Feb. 27, 1961)

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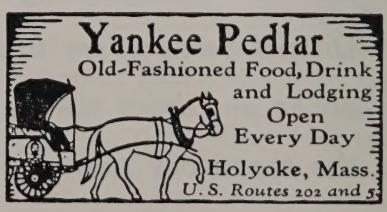

THE A. M. A. AND INDOCTRINATION

Excerpts from Proceedings of the House of Delegates, 8th Annual Session of The Colorado State Medical Society, Colorado Springs, September 21-24, 1954.

The following recommendations of the Board of Supervisors, as amended by the Reference Committee on Professional Relations, were adopted:

"(1) That the House of Delegates empower and direct the Board of Trustees to organize an indoctrination course for new members.

"(2) That such a course should consist of a number of short discussions or lectures, the number and type of such lectures to be at the discretion of the Board of Trustees in order that they may take cognizance of new problems, changing conditions, and so forth.

"(3) That the proposed course be given at such time or times as the Board of Trustees deems fitting and proper, taking into consideration such variables as the number of new members, and so forth.

"(4) Failing to attend the first course offered following proper notification of the time and place of giving such course, without adequate reason, shall be recognized as just cause for citation for contempt before the Board of Supervisors and for such other actions as the Board of Supervisors deems necessary."

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COUNCIL MEETING FEB. (6) HIGHLIGHTS

(Editor's note: The meeting described below had all the ingredients a good meeting should have: substance, deliberation, orderliness, and achievement — all aided and abetted by the very competent chairmanship of Urban H. Eversole, M.D., President of the M. M. S.)

The meeting was called to order by President Eversole at 10:10 a.m.

An obituary for Doctor Conrad Wesselhoeft was read, and a moment of silence was observed by the Council.

Interim appointments to committees were announced but none had local significance.

Informational reports of Committees on Medical Education, Medical Defense, Society Headquarters, Legislation, Blood Banks, Maternal Welfare, Charges to Pooled Funds and of Delegates to the A. M. A. and to the New England States Medical Societies, were quickly approved.

A resolution that the Mass. Medical Society recommend to the Districts that they hold annual town meetings, was defeated but a substitute resolution that public forums on medical matters be recommended to District Societies, was approved.

The budget of the coming year was accepted as submitted by the Committee on Finance.

A resolution submitted by the Committee on Public Health that the M. M. S. recognize the hazards of excess smoking and encourage the dissemination of such information was approved.

Two resolutions by the Committee on By-Laws and Council Rules to remove penalties for failure to pay district assessments was defeated, as was also a motion that recommendations of the Committee on Membership and Finance could be overridden by a simple majority vote. At present a 2/3 majority vote to override recommendations of both of these Committees is required.

The Committee on Mental Health presented five recommendations relative to the Postgraduate teaching of Psychiatry to the profession. These were approved.

The Committee on Tax-Supported Medical Care reported that the Mass. Medical Society had brought suit against the Commissioner of Public Welfare to clarify certain aspects of the administration of welfare and old

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age assistance procedures.

The Committee on Insurance reported that it had investigated the possibility of buying medical liability insurance on a group basis and found that very few insurance companies were interested. Five or six companies could be interested in this field but the premiums would be extremely high much higher than are being paid at the present time, since they would be geared to the worst risk of the group. This Committee was granted the privilege of negotiating with insurance companies or brokers whose plans had been approved by the Council. Also, it was granted the privilege of reporting this insurance coverage through the Newsletter. Granted was the privilege also of having contracts, approved by the Council, signed by responsible officers of the Society. This was done in order to protect the members of this Committee.

The Committee of National Health Legislation presented a voluminous and detailed report which seemed to prove that the Department of Health, Education and Welfare was incorrect in the figures it gave to bolster support of the King-Anderson bill. This Committee also made eleven recommendations which were adpoted by the Council relative to Health Legislation. These recommendations encompassed: tax reform, widening the space between the economic floor and the earning ceiling now thrust upon Social Security recipients, the modification of compulsory retirement age, review and revision of the principle causes of increased cost of medical care, including possible deferred payments of major expense and hospital costs at minimum interest rates. A thorough study of public assistance plans with consideration of utilizing voluntary health insurance plans to cover the indigent, full support and implementation of the Kerr-Mills bill, and the creation in the Mass. Medical Society of a Standing Committee on problems of medical care which might also be used as an advisory committee to the Governor in matters arising relative to preventive and therapeutic Health measures for citizens of all ages of the Commonwealth, were also recommended and approved.

This excellent report will be printed in pamphlet form and circulated to members of the Speaker's Bureau since it contains much valuable information to contravene the King-Anderson attack.

Under New Business the resolution

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from the Hampden District relative to publicizing the benefits of the Kerr-Mills bill was referred to the Public Relations Committee.

A resolution from Middlesex South relative to a bill establishing a Mental Health Center in Lowell, was referred to the Committee on State Legislation.

A resolution from Bristol South relative to the Council meeting dates, was referred to the Committee on By-Laws.

A resolution presented by Dr. Bearse with a request that the Governor seek advice in the appointment of a Commissioner of Public Health, was adopted under suspension of rules.

A resolution by Dr. Buck relative to a policy of non-endorsement of commercial products, was referred to the Executive Committee.

A resolution from Worcester relative to implementation of the Kerr-Mills law, was passed under suspension of rules.

A resolution from Norfolk relative to the appointment of the five members as a committee to study the method of assessment of district dues, was referred to the By-Laws Committee.

A resolution from Essex South relative to legislation to license clinical laboratories and medical supervision of such laboratories, was referred to the Committee on State Legislation.

The Meeting adjourned at 4:15 P.M.

Miller

HAMPDEN CAPSULES

Felicitations are in order to Drs.: Edward P. Bagg and James B. Bigelow of Holyoke. Both are observing this year their 50th anniversary as Fellows of the M. M. S.

For the second consecutive February all members of the H. D. M. S. have paid in full their dues and assessments —therefore, no one is in arrears.

---

98 auto seat belts were sold through H. D. M. S. office.

Dr. Jerome A. Whitney, Chairman of Committee on Mental Health of the M. M. S. attended the 9th Annual Conference on Mental Health held in Chicago on March 1 and 2, 1963.

If you speak before a lay group please notify Hampden Headquarters about it.

Stickers "Seat Belts Save Lives—We Use Them"—are still available at headquarters.

Meetings at headquarters:

February 1, Insurance, Labor Relations, and Industrial Accidents
February 26, Medico-Religious
March 13, Disaster Medical Care
March 6, Blue Shield Professional Service

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Ethel Henin Bowers *

* Mrs. Bowers is the daughter of the late Dr. C. C. Henin.

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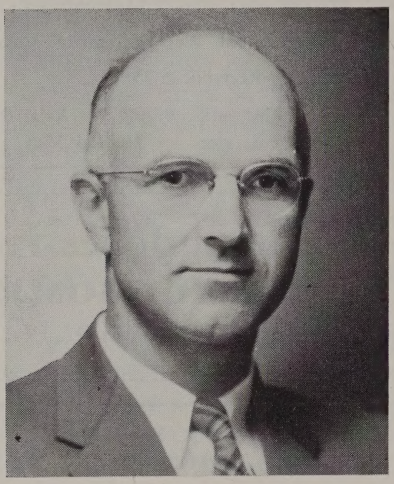

J. E. Murray, M.D.

THE PROFESSION AND THE STATE

"Indeed the idea of a profession is incompatible with performance of the profession's function, exercise of its art, by or under the supervision of a government.

"The service state easily becomes an omnicompetent state . . . the step from it to an absolute state is easy and may be made quickly.

"It is characteristic of the service state to make lavish promises of satisfying desires which it calls rights."

Roscoe Pound

Fairfield County, Connecticut Medical Assistants Association recently inaugurated its educational program with a six week course in medical terminology. The course was subsidized by a contribution from the Fairfield County Medical Association through the Public Relations Committee. The course will run for six Wednesday evenings with each meeting lasting two hours.

At the April 9 meeting of the Springfield Academy of Medicine the speaker will be Joseph E. Murray, M.D., Assistant Clinical Professor of Surgery, Harvard University School of Medicine. His topic will be "Recent Developments in Tissue Transplant". The Clinical Conference will be held at the Wesson Memorial Hospital, 5 p.m.

May 14 will be the Annual Meeting and election of officers.

Visit and Use the Academy Library

Library hours are Monday through Friday, 9:30 A.M. to 5:00 P.M., except Tuesday when the hours are 1:00 P.M. to 8:00 P.M.

Join and Support the Academy

Tobacco—Food or Drug?

A recent letter to Food and Drug Administrator Larrick, asking why, with all the clamor about stilbestrolized chickens and sprayed cranberries, no fuss was ever made about the poisonous substances in cigarettes, brought the reply that because tobacco was neither a food nor a drug the FDA had nothing to say about it. The administration, however, does concern itself with cosmetics. It's not quite clear to some folks whether cosmetics are food or drugs. Politicians who are willing to risk the wrath of the powerful tobacco industry are as uncommon as they are extraordinary. Thomas G. Harvey, M.D., in **Journal of the Maine Medical Association,** October 1962.

CORRESPONDENCE

EMERGENCY ROOM ABUSES

Dear Hippocrat:

Others and I have become very much concerned over the problem of the Emergency Rooms in our local hospitals and all of their ramifications. The volume of patients using them for every-day medical care has been increasing greatly.

It is in the interest of all concerned, the hospitals, physicians, and the public, to see to it that as little use as possible is made of the hospital Emergency Rooms.

For the hospitals they mean an ever increasing financial loss, for the doctors an ever bigger nuisance, and for the patients a double expense, i.e. a charge from both the hospital and the doctor. For example, a visit in my office costs the patient five dollars. To be seen for the very same condition in the hospital Emergency Room the patient receives a bill from the hospital of five dollars for mere use of the Emergency Room and a charge of seven dollars from myself since I had to travel a considerable distance to see that patient, for a total of twelve dollars. The public, of course, is getting disgruntled at this sort of charge.

My suggestions are as follows:

1. The public should be educated to the fact that they get better and much more economical care in a doctor's office.

2. Physicians should make as little use of hospital Emergency Rooms as possible. All procedures that do not have to be done in a hospital should be done in the office.

3. Physicians should always leave their practices covered.

4. In Holyoke there is no physician in attendance at either Emergency Room. The public should be told this and the reasons for it explained.

5. A campaign to make sure that every one has a family physician should be instituted.

I know that the Medical Society has received many complaints about Emergency Room charges, and today I received a letter from Blue Shield stating that they, too, are receiving numerous complaints.

I feel that we had better start on this problem before we are forced to do something about it.

Berton R. Shayevitz, M.D.

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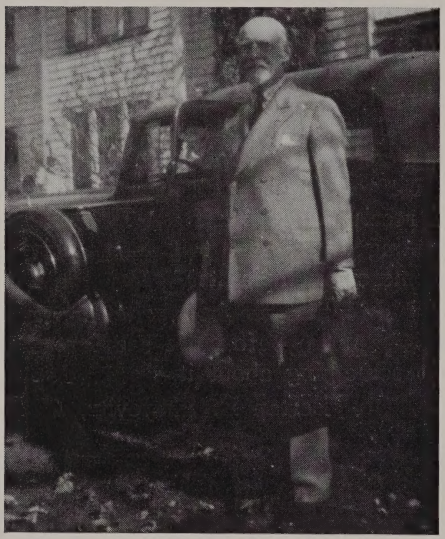

The recently announced retirement of Dr. Seth Ames Lewis brought to a close a memorable career of more than a half century of active practice in the art of medicine. At the turn of the century in 1900, Dr. Lewis, having just graduated from the Boston University School of Medicine, came to Springfield bringing with him the characteristic wit and determination of his Mayflower ancestors as well as a new bride. He settled on No. Main St. in a home which also served him as an office and which was never closed until recently when the edifice was sold.

Dr. Lewis began his career in the "horse and buggy" era when the "dollar was a dollar" and the customary charge for an office call. Surgery in the home and "on the kitchen table" was not the extreme but the usual. The influenza pandemic following World War I and the antecedent first severe outbreak of infantile paralysis in this area left a lasting impression on Dr. Lewis. With the passage of time and the continued growth of the art, Dr. Lewis toiled on caring for his patients both at home, in the hospital, and in his office. From "horse and buggy", he progressed on to a Pierce-Arrow touring car, but never did he relinquish his goatee, the status symbol of the physician at the turn of the century.

Dr. Lewis served his patients, his community, and his profession well. In recognition of this service, the Hampden District Medical Society chose him as general practitioner of the year in 1960. At the age of 84 and with a good leg on his 85th birthday, which is in the offing on May 13th, Dr. Lewis epitomizes the progress of medicine; from an era of death at an early age at the hands of an infectious agent to the era of the biblically promised three score and ten and then some.

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NOBLE HOSPITAL EXPANDS

Noble Hospital, Westfield, is building again, this time with the addition of the Fowler-Salmond Wing, a 220 foot, two-story brick structure on the northwestern end of the building. The wing will house a 20-bed convalescent unit, together with rehabilitation facilities, occupational therapy, and a well equipped heart clinic. The emergency room of the original hospital will be expanded into the new wing in response to the growing utilization of this service. The second floor will house the obstetrical beds and thereby release space sufficient for as many as 40 medical-surgical beds to be available when needed in the present building.

The funds are available without turning to the community, largely as a result of a bequest of Mrs. Eloise Fowler Salmond, who stipulated that a convalescent nursing home for the elderly be provided. Matching Federal funds bring the total to nearly a million dollars. Specifications and plans are out for bids, and construction may start March 15th.

Holleran

THE A. M. A. AND PUBLIC HEALTH

The House of Delegates of the A. M. A. at its last meeting held in Los Angeles, California, November 25 - 28, 1962, accepted four recommendations presented to it by the Board of Trustees. These policy recommendations, now statements, on the scope of public health service are:

1. "That the state and county medical societies be encouraged to evaluate periodically their public health department's activities in terms of local health needs, programs, and resources."
2. "That state and county medical societies ascertain and acknowledge that public health departments should include at least the following basic services:
   (a) Vital statistics.
   (b) Public health education.
   (c) Environmental sanitation.
   (d) Public health laboratories, if private facilities are unavailable.
   (e) Prevention and control of communicable diseases.
   (f) Hygiene of maternity, infancy, and childhood, if private facilities are unavailable.
3. "That the policy statement on public health services of the American Medical Association be as follows: "Public health is the art and science of maintaining, protecting, and improving the health of the people through organized community efforts. It includes those arrangements whereby the community provides medical services for special groups of persons and is concerned with prevention or control of diseases, with persons requiring hospitalization to protect the community, and with the medically indigent.
4. "That state and county medical societies should collaborate with departments of public health in the interest of community health, always keeping in mind the need for a proper balance between local public health programs and the private practice of medicine."

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CLINICAL FACILITIES

Compiled by Jerome G. Fitzpatrick, M. D.

The following is a list of some of the clinical resources available to us in this area:

(Additional information can be obtained from the "Physicians' Handbook", published by the State Dept. of Public Health.)

Alcoholic Clinic
Municipal Hospital, 1400 State Street

Cancer
Western Mass. Hospital, Westfield
Springfield Hospital — Clinic

Crippled Children
Orthopedic Clinic
Wesson Memorial Hospital

Gonorrhea and Syphilis Clinic
Springfield Hospital

Plastic Surgery Clinic
Mercy Hospital

Springfield Hearing League
1694 Main Street
Classes for patients with hearing defects.

Tuberculosis Clinic
Western Mass. Hospital, Westfield

Visiting Nurses Association
1414 State Street

United Cerebral Palsy of Western Mass., Inc.
152 Sumner Avenue
Provides treatment and educational classes for cerebral palsy patients.

Clinical Resources Dealing with Phychiatric Problems
Child Guidance Clinic of Springfield, Inc.
759 Chestnut Street (Springfield Hospital)

Hampden District Mental Health Clinic
759 Chestnut Street

State Psychiatric Clinic
1400 State Street, (Municipal Hospital)

Springfield Hospital Out-Patient Dept. Psychiatric Clinic
759 Chestnut Street

Area Mental Health Clinic
387 Appleton Street, Holyoke

Follow up Psychiatric Clinics
Specifically for discharged Northampton Hospital Patients
(A) Skinner Clinic - Holyoke Hospital
(B) Municipal Hospital, Springfield

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Medical Self-Help Training
Public Health Service Publication
No. 858

H. D. A. M. A.

The March meeting of the Hampden District Association of Medical Assistants was the Annual Membership Tea and was held on Tuesday, March 12 at Ye Old Coach Motor Inn in Agawam. All members were invited to bring guests. The chairman for the tea was Edythe Labb.

Tondra Manson

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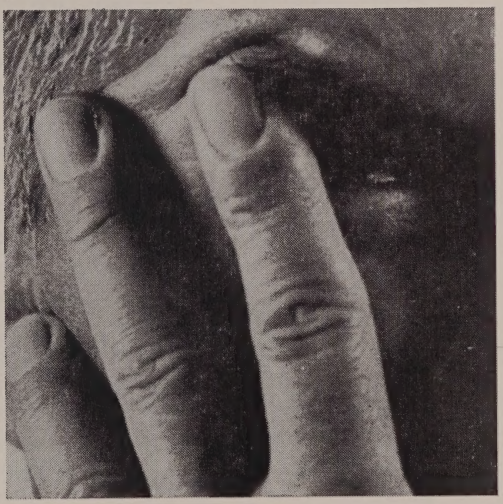

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by Walter J. J. Nero, M. D., Chairman

Committee on Blue Shield District Professional Service

The Massachusetts Medical Society (Blue Cross-Blue Shield) * is a non-profit organization. The Central Professional Service Committee of the M. M. S. has control and supervision over the medical aspects of Blue Shield as they pertain to the participating physicians and dentists. The Blue Shield District Professional Service Committee serves as a liaison between the H. D. M. S. and the Central Professional Service Committee of the M. M. S.

Fees for services rendered by a Non-Participating Physician or Dentist are paid to the patient directly. Any physician or dentist registered to practice in the Commonwealth of Massachusetts may become a Participating Physician. He must make a written application and enter into a written agreement with the corporation in the form prescribed by rules and regulations. As Participating Physicians or Dentists, fees for services rendered are then paid directly to them by Blue Shield.

To be eligible to receive payment for services, the services must be rendered personally by a physician or dentist. He must also sign personally the Blue Shield Medical Service Report.

For services rendered in the home, office, or hospital out-patient department, Participating Physicians and Dentists should render their customary charge for this procedure on the Medical Service Report.

A Service Benefit Member is entitled to benefits for services without additional charge by Participating Physicians or Dentists except, 1: Over-income-for one person on a membership, the income exceeding $2000.00; for two persons on a membership the income exceeding $2500.00; and for three or more persons on a membership the income exceeding $3000.00. For Plan B Subscribers one person on a membership, the income exceeding $5000.00; two persons on a membership the income exceeding $6000.00; three or more on a membership the

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income exceeding $7500.00. The income in the above categories relates to the gross combined income during the past twelve months of subscriber, spouse, and unmarried children under 19. 2: When Plan A Members occupy a private room in a hospital when the physician or dentist does not feel such occupancy is essential to proper treatment. 3: When Plan A or B Members utilize the services of a private-duty nurse when the physician does not feel the services are necessary for proper treatment. 4: When the member receives benefits from another source for the same services, i.e., other insurance coverage, etc.

The Participating Physicians Manual which new Participating Members will receive from the Massachusetts Medical Service should be read over very carefully especially as regards rules and regulations.

Consultations are generally not covered by the Massachusetts Medical Service.

When in doubt about any matters pertinent to Blue Shield please feel free to consult with the Chairman of the District Professional Service Committee.

(For more on Blue Shield, see page 16, and also next (April) issue of the Hippocrat. —Ed.)

INDOCTRINATION: WHAT OTHERS ARE DOING

Compiled by
Mrs. V. M. Purdy, Executive Secretary, H. D. M. S.

M. M. S.: Entertains all new members at its Annual Dinner.

Medical Society of State of New York: Recommends to its County Societies:

(a) Dinner for New Members
(b) Initiation Ceremony
(c) Integration course (One to five lectures)
(d) Preceptorship

Hartford County Medical Association: Six indoctrination meetings for Provisory Members who must participate satisfactorily in the program before becoming eligible for Full Membership.

Colorado State Medical Society: All-day Indoctrination Course for New Members.

Other Medical Societies: Dinner-meetings, special lectures, brochures, pamphlets, etc.

If it is newsworthy and medical, the Hippocrat would like to hear about it.

DEFEAT H. 3042

Bill H.3042 would make it *mandatory* for Blue Shield to include podiatrists (chiropodists) as participants in the Blue Shield.

You are urged to *immediately* contact your respective state representatives and senators and urge that they reject H.3042.

The House last year rejected the podiatrists' bid for compulsory inclusion under Blue Shield.

TIME IS SHORT. ACT NOW!

Robert Emery, M.D., Chairman
Legislative Committee

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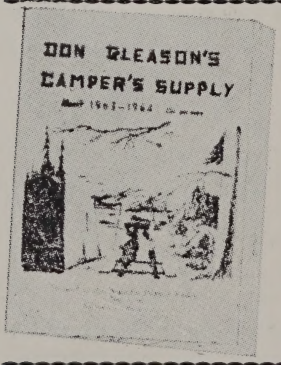

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